



General Assembly

January Session, 2007

***Raised Bill No. 6982***

LCO No. 3500

\* \_\_\_\_HB06982INS\_\_031507\_\_ \*

Referred to Committee on Insurance and Real Estate

Introduced by:  
(INS)

***AN ACT MAKING MINOR AND TECHNICAL CHANGES TO THE  
INSURANCE STATUTES.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (e) of section 38a-53 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective from*  
3 *passage*):

4 (e) Each insurance company or health care center doing business in  
5 this state shall include in all reports required to be filed with the  
6 commissioner under this section a certification by an actuary or reserve  
7 specialist of all reserve liabilities prepared in accordance with  
8 regulations which shall be adopted by the commissioner in accordance  
9 with chapter 54. The regulations shall: (1) Specify the contents and  
10 scope of the certification; (2) provide for the availability to the  
11 commissioner of the workpapers of the actuary or loss reserve  
12 specialist; and (3) provide for [exemptions to the] granting companies  
13 or centers exemptions from compliance with the requirements of this  
14 subsection. The commissioner shall maintain, as confidential, all  
15 workpapers of the actuary or loss reserve specialist and the actuarial  
16 report and actuarial opinion summary provided in support of the

17 certification. Such workpapers, reports and summaries shall not be  
18 subject to subpoena or disclosure under the Freedom of Information  
19 Act, as defined in section 1-200.

20 Sec. 2. Subsection (c) of section 38a-479 of the general statutes is  
21 repealed and the following is substituted in lieu thereof (*Effective from*  
22 *passage*):

23 (c) The procedure established by a contracting health organization  
24 shall also permit a physician, physician group or physician  
25 organization to request and view fee-for-service dollar amounts the  
26 contracting health organization reimburses for current procedural  
27 terminology codes for which a physician, physician group or physician  
28 organization actually bills or intends to bill the contracting health  
29 organization, provided such codes are within the physician's, group's  
30 or organization's specialty or subspecialty.

31 Sec. 3. Subsections (a) and (b) of section 38a-511 of the general  
32 statutes are repealed and the following is substituted in lieu thereof  
33 (*Effective from passage*):

34 (a) No health insurer, health care center, hospital service  
35 corporation, medical service corporation or fraternal benefit society  
36 that provides coverage under an individual health insurance policy or  
37 contract for magnetic resonance imaging or computed axial  
38 tomography may (1) require total copayments in excess of three  
39 hundred seventy-five dollars for all such in-network imaging services  
40 combined annually, or (2) require a copayment in excess of seventy-  
41 five dollars for each in-network magnetic resonance imaging or  
42 computed axial tomography, provided the physician ordering the  
43 radiological services and the physician rendering such services [is] are  
44 not the same person or [is] are not participating in the same group  
45 practice.

46 (b) No health insurer, health care center, hospital service  
47 corporation, medical service corporation or fraternal benefit society

48 that provides coverage under an individual health insurance policy or  
 49 contract for positron emission tomography may (1) require total  
 50 copayments in excess of four hundred dollars for all such in-network  
 51 imaging services combined annually, or (2) require a copayment in  
 52 excess of one hundred dollars for each in-network positron emission  
 53 tomography, provided the physician ordering the radiological service  
 54 and the physician rendering such service [is] are not the same person  
 55 or [is] are not participating in the same group practice.

56 Sec. 4. Subsections (a) and (b) of section 38a-550 of the general  
 57 statutes are repealed and the following is substituted in lieu thereof  
 58 (*Effective from passage*):

59 (a) No health insurer, health care center, hospital service  
 60 corporation, medical service corporation or fraternal benefit society  
 61 that provides coverage under a group health insurance policy or  
 62 contract for magnetic resonance imaging or computed axial  
 63 tomography may (1) require total copayments in excess of three  
 64 hundred seventy-five dollars for all such in-network imaging services  
 65 combined annually, or (2) require a copayment in excess of seventy-  
 66 five dollars for each in-network magnetic resonance imaging or  
 67 computed axial tomography, provided the physician ordering the  
 68 radiological services and the physician rendering such services [is] are  
 69 not the same person or [is] are not participating in the same group  
 70 practice.

71 (b) No health insurer, health care center, hospital service  
 72 corporation, medical service corporation or fraternal benefit society  
 73 that provides coverage under a group health insurance policy or  
 74 contract for positron emission tomography may (1) require total  
 75 copayments in excess of four hundred dollars for all such in-network  
 76 imaging services combined annually, or (2) require a copayment in  
 77 excess of one hundred dollars for each in-network positron emission  
 78 tomography, provided the physician ordering the radiological service  
 79 and the physician rendering such service [is] are not the same person  
 80 or [is] are not participating in the same group practice.

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	38a-53(e)
Sec. 2	<i>from passage</i>	38a-479(c)
Sec. 3	<i>from passage</i>	38a-511(a) and (b)
Sec. 4	<i>from passage</i>	38a-550(a) and (b)

***INS***      ***Joint Favorable***